



National Institutes of Health
National Cancer Institute
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To: Office of Management and Budget (OMB)

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Subject: “Playing for Life: Reducing the Negative Impact of Tobacco on Youth and Young Adults through Video Games, Gaming, and Gamification”
(OMB No. 0925-0046-03; Expiration Date 05/31/2016)

Background, Need and Use of Information

The information collection request described in this memo supports the NCI Office of Communications and Education (OCE) and FDA Center for Tobacco Products, Office of Health Communication and Education partnership. This data collection will focus on the role of using games for promoting health in the US, including digital video games and gaming-based approaches, and how they can be used successfully as tools to prevent tobacco product use and improve smoking cessation rates for youth.

There is currently a lack of available research reviews and science-based and evidence-based resources to guide practitioners to properly integrate gaming features or to design engaging games related to tobacco prevention for health behavior change. Our project is three-fold: (1) conduct a comprehensive review of the scientific and grey literature on games for health that are relevant and applicable to tobacco prevention; (2) review current and past video games that target tobacco prevention or cessation for youth; and (3) identify diverse experts on video games, gaming, health, and tobacco and conduct in-depth interviews with these experts to establish best practices. The focus of this OMB request is part 3 of the project: to collect and analyze the expertise and advice of professionals engaged in games for health work and/or tobacco prevention and cessation for adolescents. We plan to conduct expert interviews using the data collection instrument in Attachment A. This information will be shared with the academic and government communities to support the creation of tobacco prevention and cessation programs that include gaming components which can effectively reach the critical “youth” target audience in an engaging way.

This research is considered formative in nature. It is the third component of a research project

that aims to assess gaming for tobacco-related education with youth and outline best practices related to health-related gaming strategies that will inform NCI and FDA activities. The other two elements are a comprehensive review of scientific and grey literature on games for health that are relevant and applicable to tobacco prevention, as well as the review of current and past video games that target tobacco prevention and cessation for youth. The interviews with subject matter experts will seek to identify best practices, lessons learned, and guidance on using games for tobacco-related education and communication. This research will help NCI and FDA develop an evidence-based strategy regarding using gaming as a method to reach youth with messages regarding tobacco prevention and cessation. A pilot test has already been conducted with nine experts and it was determined that more interviews will be required in order to cast a wider net across experts in this area who may contribute to the evidence.

Participants

The sample size for the interviews will be up to 20 subject matter experts who will be identified from their published work. They will be contacted by phone and email (**Attachment A**) and asked to voluntarily participate in a video- and audio-captured interview, each lasting approximately 30 minutes.

All Subject Matter Expert (SME) interview participants will receive remuneration at a flat rate. Methodological research on participation in interviews and focus groups indicates that, without providing minimal levels of monetary compensation, insufficient numbers of participants will attend and results will not be useful. This is particularly true when recruiting very senior scientists, physicians, researchers, and experts, as we are doing in the current project, and asking them to attend an in-person interview session and have their answers video and audio captured for future educational use by the government.

Previous audience research conducted by NCI on participant recruitment for qualitative research has found that \$75 per person was the minimum incentive to offer to ensure a high rate of participation. However, this recommended incentive level was non-specialized adults, as opposed to the senior scientific and medical professionals being recruited for the current project. Recent surveys sponsored by the National Cancer Institute have offered higher incentives for physician participation, such as the:

- NCI Cancer.gov Evolution – User Focus Groups and Triads (OMB no. 0925-0046-02, Expiration Date 2/28/2013) \$150 for physicians to participate in focus groups;
- Primary Care Physician Cancer Screening Survey, National Survey of Energy Balance-related Care among Primary Care Physicians (OMB No. 0925-0583, Expiration Date 12/31/2010) \$60 was given for 2 surveys, each 30 minutes long;
- Survey of Physician Attitudes Regarding the Care of Cancer Survivors (SPARCCS) (OMB No. 0925-0595, Expiration Date 12/31/2010) \$50 was given for completion of a 20 minute survey, and

In addition, cognitive interviews for other studies have provided higher amounts for incentives for physician participation:

- Cancer Care Outcomes Research & Surveillance Consortium (CanCORS), a collaboration between NCI and the Department of Veteran Affairs provided \$150

- Community Tracking Study's (CTS) Physician Survey sponsored by the Center for Studying Health System Change (HSC) provided \$100

Therefore, we believe that a flat remuneration rate of \$100 per participant is appropriate for this project. This remuneration will be provided in order to provide these senior-level participants with a nominal compensation for their time being interviewed and for the future use of their audio and video captured answers.

Research Instrument

The interview guide (**Attachment B**) will be used as the research instrument and administered verbally by a trained research team member who is an experienced qualitative interviewer.

Methodology

We will conduct face-to-face and/or online video qualitative interviews with individuals identified as experts in the field of games and health. All of the interviews will be video and audio recorded. We will secure verbal consent, included in Attachment A, to conduct the interviews. The information collected will be saved to computer files and transcribed verbatim. The transcripts will be organized and coded for themes. A constant comparative approach will be employed in which data will be collected and analyzed concurrently. Analysis of the qualitative data will be aided by a computer program such as NVIVO10 (QSR International, Inc.).

Selections from each interview video will be compiled and aspects of the results will be shared in video format. Experts will be asked to complete a video release form (**Attachment C**) and be informed prior to the interview that selections from their video-recorded answers will be shown for educational purposes which might include being used as part of an academic or scholarly presentation which could be seen or heard by researchers at NCI or the National Institutes of Health, other academics doing research in cancer-related issues, and/or students in fields such as public health, health communication, or information technology.

Other Considerations

As the interview guide shows, the interview questions are neither sensitive in any way nor uncomfortable for participants. Experts in the field will be asked to give advice and provide information about their jobs and research. The release form additionally states that any other identifiers besides the expert's name and professional title (such as age and city of residence) will not be revealed or released along with their image or voice.

The University of Florida Institutional Review Board and the NIH Office of Human Subjects Research Protection have reviewed the protocol (**Attachment D**). Additionally, the NIH Privacy Act Officer will be asked to review the sub-study for personally identifiable information and Privacy Act applicability.

The original generic request was for 6,600 hours, of which 92 hours have been approved. This request is for 10 hours.

Estimates of Hour Burden and Respondent Cost				
Types of Respondent	Number of Respondents	Number of Responses Per Respondent	Average Burden Per Response (in hours)	Total Hour Burden
Experts	20	1	30/60	10
Total				10

List of Attachments

- A. Invitation Email and Script
- B. Interview Guide
- C. Release Form
- D. University of Florida IRB approval and NIH Office of Human Subjects Research Protection Review